

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT

DATE: August 31, 2001

OFFICE CORRESPONDENCE

FILE:

FROM: RICHARD L. CASTRO, COMMANDER
TRAINING DIVISIONTO: ROBERTA A. ABNER, CAPTAIN
TEMPLE STATIONSUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS
HIT SHOOTING, OCTOBER 15, 2000, IAB REVIEW #2021648**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on October 15, 2000.

The Committee met on August 30, 2001 and consisted of myself, Commander David Betkey (Commander of the Department) and Commander Michael Kenyon (Commander of the Department). The Committee determined that the use of force by Deputies Robert Chivas # [REDACTED] and [REDACTED] # [REDACTED] was within Department policy. Please advise these personnel of this finding.

The Committee also directs that the unit conduct an investigation into the use of an unauthorized stunbag shotgun and the performance of Sergeant Melinda Berry # [REDACTED] during this incident.

RLC:KRK:kk

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 10-15-00		Bureau/Station/Facility: TEMPLE		Admin. Invest? <input type="checkbox"/>		Hit? <input checked="" type="checkbox"/>	
Incident Information							
URN: 000-14831-0530-052		Date: 10-15-00		Time: 1130 hours			
City or Station: Rosemead		Nature of Incident: 902R, 10-year old stabbed					
Location: Rio Hondo Avenue							
Location Type (circle one or more): Backyard Beach Business Freeway Industrial Park Parking Lot <u>Residence</u> Rural School Street Other _____		Lighting (circle only one): <u>Darkness</u> Daylight Other Street Lights		Incident Type (circle one or more): Accidental <u>Armed Person</u> Fleeing Suspect Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush Startle Struggle Involved Traffic Stop Unarmed Person Unintentional Vehicle Pursuit Warrant Service		Initiated by (circle only one): Arrest Warrant <u>Call</u> Observation One Person Unit Other Search Warrant Two Person Unit	
		Weather (circle only one): Clear Cloudy Fog Rain				Prior Activity (circle only one): Detective Inmate Transport Other <u>Routine Patrol</u>	
Total # of Shots Fired by Deputy 3		Total # of Shots Fired by Suspect -0-		Other: _____		Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses							
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM <u>Day</u>	ShiftType (circle only one): <u>Regular</u> Overtime Off Duty		
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM <u>Day</u>	ShiftType (circle only one): <u>Regular</u> Overtime Off Duty		
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM <u>Day</u>	ShiftType (circle only one): <u>Regular</u> Overtime Off Duty		
Non-Employee Witnesses							
Last Name		First Name		M.I.			
Street Address		City	Zip Code	Work Ph	Home Ph		
Last Name		First Name		M.I.			
Street Address		City	Zip Code	Work Ph	Home Ph		
Last Name		First Name		M.I.			
Street Address		City	Zip Code	Work Ph	Home Ph		
Supervisors							
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u> <u>Present during shooting</u>		Witness to shooting Involved in shooting	
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u> <u>Present during shooting</u>		Witness to shooting Involved in shooting	
Watch Sergeant							
Employee #	Last Name	First Name	M.I.				
		Fitch		Brian		D.	
Watch Commander							
Employee #	Last Name	First Name	M.I.				
		Roth		Linda		A.	

PSTD Use Only	
SH # <u>2021648</u>	

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Shooting / Force Information

(9) 9 mm	(24) .243 caliber	(41) .410 gauge
(10) 10 mm	(25) 25 caliber	(44) 44 caliber
(12) 12 gauge	(30) .308 caliber	(45) 45 caliber
(20) 20 gauge	(35) .357 caliber	(50) 50 mm
(21) 22-250	(36) 30-80 caliber	(SL) Slug
(22) 22 caliber	(38) 38 caliber	(WW) Other caliber
(23) 223 caliber	(40) 40 caliber	

FORCE APPLIED (one code per block)

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Chivas			Robert				
	Sex:	Race:	Rank:	Unit Assignment:		Work Assignment (Unit #, Module, etc.):				
	M	Hisp	Dep B-I	TEMPLE		54D				
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:			
	EM PM Day		Regular Overtime Off Duty		<input type="checkbox"/>					
	Hospital Admission?		Hospital Name:		Coroner Case?		Coroner Case #		Interviewed?	
	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:			
	7 hours				Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest					
Age:		Height:		Weight:						
		602		200						
Range Qualification Date:			PPC Qualification Date:			Laser Training Date:				
Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:		
<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				
Field Training Officer Emp #			Last Name			First Name			M.I.	
Field Training Officer Emp #			Last Name			First Name			M.I.	
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:	Unit Assignment:		Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:			
	EM PM Day		Regular Overtime Off Duty		<input type="checkbox"/>					
	Hospital Admission?		Hospital Name:		Coroner Case?		Coroner Case #		Interviewed?	
	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:			
					Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest					
Age:		Height:		Weight:						
Range Qualification Date:			PPC Qualification Date:			Laser Training Date:				
Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:		
<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				
Field Training Officer Emp #			Last Name			First Name			M.I.	
Field Training Officer Emp #			Last Name			First Name			M.I.	
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:	Unit Assignment:		Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:			
	EM PM Day		Regular Overtime Off Duty		<input type="checkbox"/>					
	Hospital Admission?		Hospital Name:		Coroner Case?		Coroner Case #		Interviewed?	
	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:			
					Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest					
Age:		Height:		Weight:						
Range Qualification Date:			PPC Qualification Date:			Laser Training Date:				
Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:		
<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				
Field Training Officer Emp #			Last Name			First Name			M.I.	
Field Training Officer Emp #			Last Name			First Name			M.I.	

Officer Involved Shooting Suspect Information

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Suspect Information

S 1	Last Name Rios		First Name Yvette		M.I. R.
	AKA Last Name		First Name		M.I.
	Ramos		Yvette		
	Sex: F	Race: Hisp	Street Address: [REDACTED]	City: [REDACTED]	State & Zip Code: [REDACTED]
	Work Phone: [REDACTED]	Home Phone: [REDACTED]	Social Security #: [REDACTED]	Driver's License #: [REDACTED]	
	Age: D.O.B. 08/26/69	Height: 5'5"	Weight: 180	FBI #	CII #
	Booking # 6636 990	Primary Charge: 664/187 P.C.		Secondary Charge:	
	Coroner Case? <input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
	Armed? <input checked="" type="checkbox"/>	Apprehended? <input checked="" type="checkbox"/>	Mental Illness? <input checked="" type="checkbox"/>	Criminal History? <input checked="" type="checkbox"/>	
	Vehicle Make		Model:	Year:	

S	Last Name		First Name		M.I.
	AKA Last Name		First Name		M.I.
	Sex:	Race:	Street Address:	City	State & Zip Code
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:	
	Age: D.O.B.	Height:	Weight:	FBI #	CII #
	Booking #	Primary Charge:		Secondary Charge:	
	Coroner Case? <input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
	Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
	Vehicle Make		Model:	Year:	

S	Last Name		First Name		M.I.
	AKA Last Name		First Name		M.I.
	Sex:	Race:	Street Address:	City	State & Zip Code
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:	
	Age: D.O.B.	Height:	Weight:	FBI #	CII #
	Booking #	Primary Charge:		Secondary Charge:	
	Coroner Case? <input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
	Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
	Vehicle Make		Model:	Year:	

S	Last Name		First Name		M.I.
	AKA Last Name		First Name		M.I.
	Sex:	Race:	Street Address:	City	State & Zip Code
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:	
	Age: D.O.B.	Height:	Weight:	FBI #	CII #
	Booking #	Primary Charge:		Secondary Charge:	
	Coroner Case? <input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
	Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
	Vehicle Make		Model:	Year:	